

COMPLIANCE CHECKLIST

► Inpatient Rehabilitation - Nursing Unit

The following Checklist is for plan review of hospital facilities, and is derived from the AIA/HHS Guidelines for Design and Construction of Health Care Facilities, 2006 Edition (specific sections indicated below), appropriately modified to respond to DPH requirements for projects in Massachusetts which include Hospital Licensure Regulations 105 CMR 130.000 and Department Policies. Applicants must verify compliance of the plans submitted to the Department with all the requirements of the AIA/HHS Guidelines, Licensure Regulations and Department Policies when filling out this Checklist. The completed DPH Affidavit Form must be included in the plan review submission for Self-Certification or Abbreviated Review Part II. A separate Checklist must be completed for each nursing unit.

Other jurisdictions, regulations and codes may have additional requirements which are not included in this checklist, such as:

- NFPA 101 Life Safety Code (2000) and applicable related standards contained in the appendices of the Code.
- State Building Code (780 CMR).
- Joint Commission on the Accreditation of Health Care Organizations.
- CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities.
- Accessibility Guidelines of the Americans with Disabilities Act (ADA).
- Architectural Access Board Regulations (521 CMR).
- Local Authorities having jurisdiction.

Instructions:

1. The Checklist must be filled out completely with each application.
2. Each requirement line (____) of this Checklist must be filled in with one of the following symbols, unless otherwise directed. If an entire Checklist section is not affected by a renovation project, "E" for existing conditions may be indicated on the requirement line (____) before the section title (e.g. E PATIENT ROOMS). If more than one space serves a given required function (e.g. patient room or exam room), two symbols separated by a slash may be used (e.g. "E/X"). Clarification should be provided in that regard in the Project Narrative.

X = Requirement is met, for new space, for renovated space, or for existing support space for an expanded service.

☒ = Check box under section titles or individual requirements lines for optional services or functions that are not included in the health care facility.

E = Requirement relative to an existing suite or area that has been *licensed* for its designated function, is *not affected* by the construction project and *does not pertain to a required support space* for the specific service affected by the project.

W = Waiver requested for Guidelines, Regulation or Policy, where hardship in meeting requirement can be proven (please complete Waiver Form for each waiver request, attach 8½" x 11" plan & list the requirement reference # on the affidavit).

3. Mechanical, electrical & plumbing requirements are only partially mentioned in this checklist. Section **2.4-9** of the Guidelines must be used for project compliance with all MEP requirements and for waiver references.
4. Oxygen, vacuum & medical air outlets are identified respectively by the abbreviations "OX", "VAC" & "MA".
5. Text items preceded by bullets (▪), if included, refer to the recommendations of the Appendices of the Guidelines, and are DPH recommendations only. No symbol is expected for these items.
6. Requirements referred to as "Policies" are DPH interpretations of the AIA Guidelines or of the Regulations.
7. Reference to a requirement from the AIA Guidelines in any waiver request must include the chapter number (e.g. "**2.4-**") and the specific section number.

Facility Name:

DoN Project Number: (if applicable)

Facility Address:

Nursing Unit Bed Complements:

Current = Proposed =

Satellite Name: (if applicable)

Satellite Address: (if applicable)

Building/Floor Location:

Project Description:

Submission Dates:

Initial Date:

Revision Date:

Note: All room functions marked with "X" must be shown on the plans with the same name labels as in this checklist.

2.4- ARCHITECTURAL REQUIREMENTS**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**INPATIENT REHABILITATION - COMMON AREAS

___ Compliance Checklist **IP22** is attached

2.1.1 PATIENT ROOMS

2.1.1.1(1) ___ 4 patients maximum capacity per room

2.1.1.1(3) ___ At least 2 patient rooms are single-bed rooms
___ with private toilet rooms

2.1.1.2 Min. functional area
___ 140 sf single
___ 125 sf/bed multibed
___ 3'-8" clear at foot of bed

2.1.1.3 ___ Window in each room

2.1.1.4 ___ Privacy cubicle curtains

2.1.1.6 ___ Toilet room
___ accessible without entering the general corridor
___ serves no more than 2 rooms & 4 beds
___ sized for wheelchair access

2.1.1.7 ___ Closet/wardrobe for each patient
___ min. 1'-10' x 1'-8"
___ adjustable clothes rod
___ adjustable shelf

2.1.2 ___ Exam/treatment room (may be shared with med/surg unit) or ___ All single-bed patient rooms
___ min. 120 sf
___ storage
___ writing surface
___ work counter

2.1.3 SUPPORT AREAS

2.1.3.2 ___ Administrative center or nurse station

2.1.3.4 ___ Nurse's office

2.1.3.11(4) ___ Storage for administrative supplies

2.1.3.3 ___ Charting facilities

___ Handwashing station
___ located outside patient cubicles
___ Vent. min. 6 air ch./hr
___ Lighting:
___ reading light for each bed
___ switch usable by patient
___ general lighting
___ night light
___ Power:
___ duplex receptacle on each side of each bed
___ 1 duplex receptacle on emergency power
___ Nurses call system:
___ call station for each bed or for 2 adjacent beds

___ Handwashing station
___ wheelchair accessible
___ Vent. min. 10 air ch./hr (exhaust)
___ Bedpan flushing device
___ Emerg. pull-cord call station

___ Handwashing station
___ Vent. min. 6 air ch./hr
___ Min. 2 elect. duplex receptacles
___ Staff call station

___ Convenient handwashing station
___ Nurses call enumerator panel

2.4-**ARCHITECTURAL REQUIREMENTS****MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS****2.1.3.6**

- | | | |
|---|----|--|
| <input type="checkbox"/> Medication station
<input type="checkbox"/> Medicine prep. room
<input type="checkbox"/> visual control from nurses station
<input type="checkbox"/> work counter
<input type="checkbox"/> handwashing station
<input type="checkbox"/> refrigerator
<input type="checkbox"/> locked storage | or | <input type="checkbox"/> Self-contained medicine dispensing unit
<input type="checkbox"/> adequate security for controlled drugs
<input type="checkbox"/> adequate lighting
<input type="checkbox"/> convenient access to handwashing station |
|---|----|--|

- ☐
- Vent. min. 4 air ch./hr
-
- ☐
- Emergency power/lighting
-
- ☐
- Duty station visible call signal

2.1.3.7

- ☐
- Nourishment area
-
- ☐
- work counter
-
- ☐
- storage cabinets
-
- ☐
- refrigerator
-
- ☐
- equipment for hot nourishment
-
- ☐
- space for holding dietary trays

- ☐
- Handwashing station conveniently accessible
-
- ☐
- Vent. min. 4 air ch./hr
-
- ☐
- Duty station visible call signal

2.1.3.8

- ☐
- Ice machine

**2.1.3.9/
2.3.7**

- | | | |
|--|----|---|
| <input type="checkbox"/> Clean workroom
<input type="checkbox"/> counter
<input type="checkbox"/> handwashing station
<input type="checkbox"/> storage facilities | or | <input type="checkbox"/> Clean supply room (for holding clean & sterile materials)
<input type="checkbox"/> storage facilities |
|--|----|---|

- ☐
- Vent. min. 4 air ch./hr
-
- ☐
- Duty station visible call signal

**2.1.3.10/
2.3.8.1**

- ☐
- Soiled workroom
-
- ☐
- work counter
-
- ☐
- space for holding soiled linen & solid waste

- ☐
- Clinical flushing-rim sink
-
- ☐
- Handwashing station
-
- ☐
- Vent. min. 10 air ch./hr (exhaust)
-
- ☐
- Duty station visible call signal

2.1.3.11(1)

- ☐
- Clean linen storage

2.1.3.11(2)

- ☐
- Equipment storage room

2.1.3.11(3)

- ☐
- Stretcher/wheelchair storage
-
- ☐
- out of the path of normal traffic

2.1.4.1

- ☐
- Staff lounge
-
- ☐
- Staff toilet room

- ☐
- Handwashing station
-
- ☐
- Vent. min. 10 air ch./hr (exhaust)

2.1.4.2

- ☐
- Secure storage for staff personal items

2.1.5.1

- ☐
- Patient toilet rooms

2.1.5.1(1)

- ☐
- toilet room off central bathing
-
- ☐
- accessible without using main corridor

- ☐
- Min. 1 handwash. station per toilet
-
- ☐
- Vent. min. 10 air ch./hr (exhaust)

2.1.5.2

- ☐
- Patient bathing facilities

(1)

- ☐
- showers & bathtubs:
-
- ☐
- 1:8 bed ratio

- ☐
- Vent. min. 10 air ch./hr (exhaust)
-
- ☐
- Emerg. pull-cord call station

(2)

- ☐
- privacy enclosures
-
- ☐
- additional space adjacent to each fixture
-
- ☐
- dressing area
-
- ☐
- space for wheelchair
-
- ☐
- space for assistant

(3)

- ☐
- shower stalls
-
- ☐
- min. 4'-0" x 4'-0"
-
- ☐
- curb-free
-
- ☐
- wheelchair accessible

ARCHITECTURAL REQUIREMENTS

- 2.1-3.2.2** ☐ AIRBORNE INFECTION ISOLATION ROOM
☐ check if service not included in unit
 (also complete **2.4-2.1.1** "PATIENT ROOMS")
- 2.1-3.2.2.3** ☐ Single bed room

- 2.1-8.2.3.4** ☐ Monolithic ceiling **or** ☐ Washable clipped-down ceiling tiles

- 2.1-3.2.2.4** ☐ Entry through work area:
 ☐ alcove directly **or** ☐ alcove directly
 ☐ inside the room ☐ outside the room
 ☐ handwashing station ☐ handwashing station
 ☐ clean storage ☐ clean storage
 ☐ soiled holding ☐ soiled holding

- 2.1-3.2.2.4** ☐ Door self-closing
☐ Bathroom with direct access from room (not through work area)
 ☐ toilet
 ☐ shower or tub

**MECHANICAL/PLUMBING/
ELECTRICAL REQUIREMENTS**

- ☐ Handwashing station
 Mechanical Ventilation (Table **2.1-2**)
☐ vent. positive to toilet
☐ vent. negative to work area
☐ min. 12 air ch./hr (exhaust)
☐ visual monitoring of room pressure & airflow direction

- Work area (open or enclosed)
☐ vent. negative to corridor
☐ vent. positive to isol. room
☐ min. 10 air ch./hr (exhaust)

- ☐ Handwashing station
☐ Vent. min. 10 air ch./hr (exhaust)
☐ Bedpan flushing device
☐ Emerg. pull-cord call station

GENERAL STANDARDS**DETAILS AND FINISHES****Corridors**

▷ New Construction or Renovations for New Inpatient Corridor*

___ Min. corridor width 8'-0" (NFPA 101)

▷ Renovations to Existing Inpatient Corridor*

- ___ Min. corridor width 8'-0" except for existing structural elements & existing mechanical shafts
- ___ Min. corridor width at temporary construction partitions is 5'-0"

*No waivers accepted

- ___ Min. Staff corridor width 5'-0" (**2.1-8.2.2.1(1)**)
- ___ Fixed & portable equipment recessed does not reduce required corridor width (**7.2.2.1**)
- ___ Work alcoves include standing space that does not interfere with corridor width (Policy)
- ___ ☐ check if function not included in unit

Ceiling Heights (7.2.2.2)

- ___ Ceiling height min. 7'-10", except:
- ___ 7'-8" in corridors, toilet rooms, storage rooms
- ___ sufficient for ceiling mounted equipment
- ___ min. clearance under suspended pipes/tracks:
- ___ 7'-0" AFF in bed/stretcher traffic areas
- ___ 6'-8" AFF in other areas

Doors (7.2.2.3)

- ___ all doors are swing-type
- ___ patient bedrooms doors min. 3'-8"w x 7'-0"h
- ___ doors for stretchers or wheelchairs min. 2'-10" wide
- ___ doors to occupiable rooms do not swing into corridors
- ___ outswinging/double-acting doors for toilet rooms
- ___ outsw./double-acting doors for bathing or privacy
- ___ curtains off separate bathing suite
- ___ emergency access hardware on patient toilet/bathing doors

Operable Windows (7.2.2.5)

- ___ ☐ check if all windows are fixed
- ___ window operation prohibits escape or suicide
- ___ insect screens

Glazing (7.2.2.7)

- ___ safety glazing or no glazing under 60" AFF & within 12" of door jamb
- ___ safety glazing (or curtains) in shower & bath enclosures

Handwashing Stations (8.2.2.8)

- ___ handwashing sink
- ___ soap dispenser
- ___ hand drying facilities

Grab Bars

- ___ Grab bars in all patient toilets & bathing facilities (**7.2.2.9**)
- ___ 1½" wall clearance
- ___ 250 lb. Capacity

Handrails

- ___ Handrails on both sides of corridors (**7.2.2.10**)
- ___ 1½" wall clearance
- ___ top of handrail standard height 32" AFF
- ___ handrail returns meet wall at each end

Noise Reduction

- ___ Noise reduction at patient rooms as per Table **2.1-1**

Floors

- ___ Thresholds & exp. joints flush with floor surface (**8.2.2.4**)
- ___ Floors easily cleanable & wear-resistant (**7.2.3.2**)
- ___ Non-slip floors in wet areas
- ___ Wet cleaned flooring resists detergents

Walls (7.2.3.3)

- ___ Wall finishes are washable
- ___ Smooth/water-resist. finishes at plumbing fixtures

PLUMBING (9.1)

- ___ Handwashing sinks
- ___ hot & cold water
- ___ anchored to withstand 250 lbs. (**7.2.2.8**)
- ___ wrist controls or other hands-free controls at all handwashing sinks (**1.6-2.1.3.2**)
- ___ Non-slip walking surface at tubs & showers

MECHANICAL (9.2)

- ___ Mech. ventilation provided per Table **2.1-2**
- ___ Exhaust fans located at discharge end (**9.2.4.3**)
- ___ Fresh air intakes located at least 25 ft from exhaust outlet or other source of noxious fumes (**9.2.4.4**)
- ___ Contaminated exhaust outlets located above roof
- ___ Ventilation openings at least 3" above floor
- ___ Central HVAC system filters provided per Table **2.1-3**

ELECTRICAL (9.3)

- ___ Emergency power provided to all essential services complies with NFPA 99, NFPA 101 & NFPA 110 (**9.3.4.1**)
- ___ nurses call system connected to emergency power circuits (NFPA 99)
- ___ Duplex, grounded receptacles max. 50 feet apart in corridors, max. 25 feet from corridor ends (**9.3.5.1**)